

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056

**REGISTRATION APPLICATION:****Ambulance/EMS****Form BA-09**

All applications must be typed, be complete, and include all fees and supporting documentation before they will be processed by staff.

**FEES**

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$20.00. Fees are nonrefundable.

**AMBULANCE LICENSE AND NUMBER OF PERMITS NEEDED**

Attach a copy of your current ambulance license from the Kansas Board of Emergency Medical Services.  
The Board requires an Ambulance permit for each DEA Registration permit and at least one for each central drug repository.

**OWNERSHIP**

The Owner is considered the "applicant" for purposes of this form. If the Owner is a corporate or other legal entity, please complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate).

**Please indicate if this is a new application or a change:**☐ New ApplicationChange (Check all that apply): ☐ Address☐ Ownership☐ Name

Previous registration number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name		Other States Registered (abbrev.)	
Address			
City	State	Zip	County
Phone	Fax		Email
Ownership Type: <input type="checkbox"/> Individual Provide SSN: _____ <input type="checkbox"/> Government Entity Provide FEIN: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation Complete and attach the appropriate Ownership Form (S-310 Partnership, S-320 LLC, or S-330 Corporate)			

**AMBULANCE INFORMATION**

Name		Kansas EMS License Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email

**AUTHORIZED AGENT INFORMATION** (If different than Owner)

Name		Title	
Address			
City	State	Zip	County
Phone	Fax		Email

**Designate where all formal correspondence, notices, and renewals should be sent:**☐ Owner☐ Physical Location☐ Authorized Agent

Initials: \_\_\_\_\_

**OFFICE USE ONLY**

Permit #: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_

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**REGISTRATION APPLICATION:****Ambulance/EMS****Form BA-09****DRUG SCHEDULES** (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Schedule II narcotic     | <input type="checkbox"/> Schedule III non-narcotic |
| <input type="checkbox"/> Schedule II non-narcotic | <input type="checkbox"/> Schedule IV               |
| <input type="checkbox"/> Schedule III narcotic    | <input type="checkbox"/> Schedule V                |

☐ Yes ☐ No **Is the applicant currently registered by the DEA to possess the controlled substances selected above?**

If yes, attach a copy of the current DEA Registration.

Current DEA Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

If no, is there an application currently pending (provide application date)? \_\_\_\_\_

**DISCIPLINARY INFORMATION**

Applicant includes the legal ownership entity as well as each individual, owner, partner, corporate officer, or director.

- ☐ Yes ☐ No **1. Has the applicant been convicted of any violation of state or federal law related to any controlled substance?**
- ☐ Yes ☐ No **2. If so, was the conviction a felony?**
- ☐ Yes ☐ No **3. Has the applicant had any license or registration surrendered, denied, suspended, or revoked under the Kansas Uniform Controlled Substances Act?**

**If yes to any of the above questions, please attach Form S-300: Disciplinary History.**

**AUTHORIZED AGENT CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I understand any permit issued will be issued jointly to the applicant and myself, and I hereby accept responsibility as the authorized agent for such permit, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**OWNER/APPLICANT CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED